(Reprinted from the Birmingham Medical Review, Oct., 1886.)

ON SPURIOUS VENEREAL DISEASES.*

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THE diseases referred to in the following notes affect both sexes. My present observations will be confined, however, to the consideration of male cases only. This for the reason that their investigation is usually more satisfactory and more complete; conclusions concerning them, therefore, will probably be more reliable.

The entire group of venereal diseases is almost always described as consisting of three distinct and separate disorders: Gonorrhœa, Syphilis or Chancre, and Chancroid; each of these being regarded as due to a different poison. Each is considered to be specific just in the same way as small pox or measles. A large number of practitioners in this country believe—at least their practice would lead one to think so—that gonorrhœa comes only from gonorrhœa, soft sores only from soft sores, and syphilis only from syphilis; just as every case of small pox is the result of infection from a pre-existing variola. Of the three venereal diseases syphilis is the only one which in *every* case originates, directly or indirectly, from a similar pre-existing primary or secondary lesion. It is

* Paper read before the Birmingham and Midland Branch of the British Medical Association, March, 1886.

the only *true* specific disease of the venereal class. It has its own peculiar virus, but not so the others; either of them may arise quite independently of gonorrhœa or chancroid. The experience of the past twelve years convinces me that gonorrhœa and chancroid have not either of them a specific virus of their own. Both are contagious, but both may, and do, arise from the inoculation of the products of other inflammations.

It is to the venereal diseases originating under these latter conditions that I alone wish to refer in this paper. I have called these disorders spurious gonorrhœas, and spurious chancroids, terms not altogether free from objection I admit. I disapprove of the words gonorrhœa and soft chancre being applied to them, a practice adopted by our leading American writers; because in the minds of the public—and indeed of the majority of the members of the medical profession too—these names necessarily imply similar conditions in the women from whom the infecting virus—whatever its nature may be—has been derived. Urethritis, purulent or otherwise, suggests itself for one of them. It is not satisfactory because it conveys no idea of contagiousness and most of such discharges are when fully developed undoubtedly contagious. For similar reasons simple ulcer would be an unsuitable term for the sore. Whatever nomenclature we adopt, it is necessary to distinguish etiologically between two forms of gonorrhœa, the one originating from pre-existing gonorrhœa and the other from non-gonorrhœal morbid products—usually those of simple inflammations. Similarly with so called chancroids, one form resulting from a pre-existing soft sore and the other from inoculation by other morbid products.

Whether we can distinguish between the true and the false, clinically, is a matter not yet decided, although personally I do not think we can in every instance. Some authors, however, contend that the cases which originate as it were *de novo*, are more severe and less amenable to treatment, than those which come from true gonorrhœa and chancroid; on the other hand, authorities may be found who hold contrary opinions.

My own practice would incline me to agree with the latter. Whether there are or are not reliable clinical distinctions between the true and the false is a matter of little therapeutical interest, inasmuch as the same lines of treatment will serve us in both disorders. The chief object to be gained by the recognition of the true and of the false, is a social rather than a professional one, inasmuch as we are often called upon to give judgment on the *nature of the origin* of urethral discharges and penile sores, and, under such circumstances, whenever there is room for the slightest doubt, I say unhesitatingly, in the present state of our knowledge, the infector is entitled to the benefit of it. I would remove spurious gonorrhœas and chancroids from out the group of venereal diseases altogether, although most of them result from venery, because the term venereal, as at present used, suggests something loathsome and nasty; something which essentially appertains to the prostitute and her visitors.

To speak first of "spurious gonorrhœa." Of the whole number of urethral discharges met with in my private practice, I am convinced that the majority are not due to direct contagion from a pre-existing gonorrhœa, and this experience is in harmony with that of many leading surgeons in France and America. Dr. Bumstead, writing at p. 40 of his valuable work on "Venereal Diseases," says, "I am absolutely certain that gonorrhœa in the male may proceed from intercourse with a woman with whom coitus has for months or even years, been practised with safety, and this too without any change in the condition of her genital organs, perceptible upon the most minute examination with the speculum. I am constantly meeting with cases where one or more men have cohabited with impunity with a woman both before and after the time when she has occasioned gonorrhœa in another person, or, less frequently, in which the same man after visiting a woman for a long period with safety, is attacked with gonorrhœa without any disease appearing in her, and after recovery resumes his intercourse with her and experiences no farther trouble. The frequency of such cases leaves no doubt in my mind that gonorrhœa is often due to accidental causes,

and not to direct contagion." Again, Ricord says that "women frequently give gonorrhœa without having it," and Fournier adds, "for one case of gonorrhœa resulting from contagion, there are three at least in which contagion, strictly speaking, plays no part. Man is oftener responsible for his gonorrhœa than the woman, from whom he seems to get it; he gives himself the clap, oftener than he receives it."

In support of the above statements I beg to lay before you short notes of a few cases taken from my private case book. Many of them present other points of interest in connection with the subject than that concerning their origin, and to these I shall make reference as they suggest themselves.

Case 1.—A gentleman, 28 years of age, had cohabited with a healthy woman for more than four years. He visited her regularly during the whole of this period. Eight days after his last intercourse with her he sought my advice upon a purulent urethral discharge of four days' duration, accompanied by painful micturition and swelling of the lips of meatus. He regarded his condition as one of clap, a disease of which he had former experience. There was nothing whatever the matter with his mistress except that on the morning after coitus she began to menstruate. My patient ran through an illness of five weeks' duration, alike in all its features to virulent gonorrhœa. Urethritis, resulting from coitus either just before, during, or after menstruation, or with a leucorrheal woman, is recognised as a possibility by most doctors. I have met with many such cases, where I have not had the slightest doubt as to the nature of the source of infection, some of them, as in that above quoted, being absolutely indistinguishable from common clap.

Case 2.—A manufacturer, 45 years of age, who had always enjoyed fair health, was seen in March, 1885, in consultation with my friend Mr. Alldridge of this town. He was suffering from acute purulent cystitis, "clap of the bladder," of four days' duration. His history was that about five months before the date of my seeing him, he had married a second wife, a young, well proportioned, handsome woman, at least twenty years his

junior. He confessed to excessive copulation ever since his marriage. About five weeks ago he noticed urethral discharge with painful micturition, and chordee, and since then he has had double epididymitis. His wife was examined and was found perfectly free from vaginal discharges. After a long troublesome illness he made a perfect recovery, and with the resumption of marital duties nothing untoward has occurred. Here I take it inordinate indulgence was the cause of a urethritis, which during its course, presented the worst complications of a severe virulent gonorrhœa: namely, double epididymitis, and purulent catarrh of the bladder.

Case 3 illustrates a similar mode of origin. A man, 26 years of age, seen last week with purulent urethritis, amongst the out-patients at Queen's Hospital. He had been married about six weeks, and his wife was one of those rarely-to-be-met-with women, according to some of our medical brethren, who have strong sexual cravings. To use his own phrase "she had almost worried him to death;" and a "spurious gonorrhœa" was the consequence. He had no connection with her since his discharge began, and at the present time she was perfectly free from disease.

Case 4.—A married tradesman, 40 years of age, came under treatment on the 5th of October last. He had a slight urethral discharge, with itching of two days' duration, attributed to an illicit intercourse four days previously. The discharge entirely disappeared after five days' use of a weak injection of acetate of zinc. On October 9th, he complained of tenderness in his left groin, and eight days later the right side became similarly affected. The glands on both sides suppurated and were opened; those on the right side on November 23rd, and those on the left on January 15th. The girl, unmarried, and not a prostitute, was examined, and was free from disease. She menstruated in the evening of the day following intercourse. My patient was a delicate individual with a consumptive tendency, and a marked idiosyncrasy to acquire venereal diseases. He told me that he had "several chancres" and "many claps"

before marriage. He was always getting them. He says "he could hardly touch a woman when he was single without catching something or other." I shall speak upon the question of idiosyncrasy later on, and would ask you therefore to bear this case in mind.

In the following it was difficult to say precisely what was the course of the urethritis.

Case 5.—A Birmingham dealer was recommended to me by my colleague, Sir James Sawyer, with all the symptoms of a common clap. Fifteen days before I saw him he had, under the influence of alcohol, visited a loose woman, and twelve days subsequent to this, having no sign of urethral discharge, he had intercourse with his wife. On the following night he first noticed slight discharge, and came to me three days later. He was under treatment for one month, and during this time his wife remained perfectly well. Although the discharge first appeared thirteen days after illicit intercourse, and although intercourse took place in the meantime with his wife, I believe that the visit to the gay woman played an all important part in its causation. I have met with many cases where the appearance of discharge has been delayed far beyond the usually specified period, from one to five days. In further illustration of this point, I would refer briefly to a patient seen in the spring of last year.

Case 6.—A gentleman, married, 50 years of age, was exposed to infection in one of the continental cities. Twenty days afterwards a slight discharge began, and three days afterwards, when I first saw him, he had all the symptoms of a mild gonorrhœa, which obstinately refused to yield to numberless methods of treatment. He had suffered from facial acne throughout his life, and this had always been benefited by Turkish baths, a course of which ultimately succeeded in ridding him of his urethral trouble. This patient assured me that in his youth he contracted a gonorrhœa which did not make its appearance until twenty-one days after exposure, and what is equally curious, that a young friend of his, exposed to the same

source of infection, first saw his discharge on the fourteenth day afterwards. Delayed symptoms was the interesting feature in

Case 7.—On June 29th a healthy man, 24 years of age, visited a prostitute and remained free from all visible signs of disease until the thirteenth day, when he noticed itching and stickiness of the lips of the meatus. Three days later his symptoms were those of ordinary gonorrhœa, which was ultimately cured at the end of four weeks by the well known injection of the four sulphates.

That alcoholic excesses may predispose an individual to contract urethritis—indeed if they may not in themselves induce the condition—is a well recognised fact and is illustrated by the following.

Case 8.—A professional man from a neighbouring county, aged fifty-six years, seen in November last, with a profuse yellow urethral discharge of two days' duration, with scalding and chordee. Four days before, being at a public dinner, he ate much and drank too freely of what he described as a "poisonous champagne," with the result that for the first time in his life he became helplessly intoxicated. On the same night he visited a healthy woman with whom he had cohabited for fifteen years. His disease ran a sharp and protracted course and was not cured for nearly ten weeks. The woman was examined and was free from all trace of disease. She was not menstruating at the time of connection nor had she ever had leucorrhœa. The contagious character of my patient's autogenetic discharge was proved by his wife's contracting a purulent vaginitis from his connection with her before he understood the nature of his own condition.

Balanitis and urethritis are frequently coexistent. As a rule the latter gives rise to the former, but that we sometimes see the contrary occur the following case will show.

Case 9.—In August, 1882, I saw a gentleman, twenty-three years of age, with acute balanitis and profuse urethral discharge with chordee and scalding. Symptoms had come on three weeks previously and he had not copulated for more

than six months previously. He was the subject of a tight congenital phimosis permitting exposure of the meatus only when uninflamed. Redness and swelling of the prepuce were the first symptoms noticed; scalding and chordee making their appearance nearly a fortnight afterwards. Circumcision with subsequent cleanliness was soon followed by perfect cure. I would mention here that in all acute inflammations—especially about the genitals—I get the best results by keeping the parts moist with a lotion composed of two ounces of the Liquor Plumbi Subacetatis, and one ounce of rectified spirit in twenty ounces of carbolic acid lotion (1 in 40).

I have seen a case where excessive dancing and its concomitants appears to have induced urethritis.

Case 10.—In March last, a solicitor, 25 years old, consulted me concerning a urethral discharge of a week's duration. There was no possibility of infection having been communicated in the usual way since at least six weeks before. He had danced four nights a week throughout the season. There was a strong history of gout in his family, and of rheumatism in himself. He had had five "claps" before, and regarded this as another one, although quite undeserved.

I have seen all the known complications of true gonorrhœa occur during attacks of spurious gonorrhœa, with the single exception of ophthalmia, and I have but little doubt that this too will come under my observation at some future time.

On referring to authors I find that urethral discharges have been already attributed to tubercular deposit in the urethra of a strumous patient (Ricord); eating largely of asparagus (Harrison); toxic doses of arsenic (Saint Philippe); there is a form of urethral discharge occurring during secondary syphilis, in which the mucous membrane of the urethral canal appears to be affected similarly to the fauces; free indulgence in fermented liquors, terebinthenate medicines; paraplegia; use of bougies; stricture; masturbation; prolonged excitement of the genitals; cancer of the womb; ascarides in the rectum, dentition, cantharides, etc. Many of the above are familiar to you all;

many of them are unfortunately too often forgotten by the busy practitioner in his estimate of the origin of urethral discharges, and it is one of the objects of this paper to call them afresh to your minds.

Now to speak of "soft sores," the majority of which result undoubtedly from pre-existing chancroids. I am convinced that such sores, indistinguishable from true chancroids, either by their appearance or their contagiousness, occur on the penis from other causes, and I shall trouble you with two cases only in support of this belief.

Case 11.—A solicitor, 28 years old, consulted me in January, 1885. He had three small yellow based ulcers of varying sizes around the corona, and was tender in both groins. He noticed the largest of the sores, now one third of an inch in diameter, five days ago. It began as a small red hard pimple, and is still increasing in size. A second sore appeared three days later, and a third one was seen this morning. There was no possibility of infection for at least six weeks. He had never had syphilis nor herpes on any part of his body. The appearances of the sores were precisely those of chancroids, and the evidence of auto-inoculability was, to my mind, conclusive. I did not therefore think it necessary to prove their contagiousness by further experiment. The sores healed rapidly under the application of iodoform. The patient has remained free from all symptoms since.

Case 12.—A well-to-do married man, twenty-eight years old, was seen in June last. Himself and his ancestors had suffered from gout. He sought my advice concerning a crop of five or six yellow clean cut suppurating ulcers, which had made their appearance one by one, on the left side of the glans penis. The first one was seen five days ago. He had not exposed himself to infection away from his own home. A week later several of these sores had healed under iodoform, but others had formed in the inner layer of the prepuce, immediately overlaying the original ulcers. A week later some of these second series had healed and others had developed in the outer fold of the prepuce, and it was not until after five or six weeks' energetic

treatment that the last of the sores had healed. Within the past four years I have attended this patient on three separate occasions—twice for urethral discharges and once for multiple penile sores. All these conditions depended on legitimate connection. There is not the slightest doubt of the genuineness of my patient's history, nor of the fidelity and freedom from disease of his wife. Each attack was referred to intercourse near the time of menstruation. Auto-inoculability in this case was seen very clearly, first from the glans to the inner layer of the prepuce in contact with it, and secondly from the inner layer to the outer layer of the foreskin.

Individual predisposition is a potent factor in the etiology of venereal diseases, both as regards liability to and immunity from those conditions which I have called spurious, as well as true gonorrhœa and chancroid, and I think I might take in syphilis itself. In speaking of predisposition, I do not refer to any of the local predisponants, such as long prepuce, small meatus, liability to herpes and eczema, stricture, &c. Independently of all these there can be no doubt that some individuals contract—and even develop—venereal disease much more readily than do others. There can be no doubt that all of us here in this library to-day, from the nature of our calling, must, during the course of each year, be exposed to infection of one kind and another many hundreds of times. I am not aware that we take any particular precautions in the way of protecting ourselves from their influence. I am sure that our immunity does not, in every case, depend upon our having already suffered from attacks of the various infectious diseases. How is it then that we so rarely become affected? It is because we have not the predisposition, whatever that word may mean; because our bodies do not present a suitable nidus for the growth and development of the germs of disease. Again, in a class of cases more closely allied, clinically and pathologically, to those under discussion, how often do we see amongst hospital officers, men who are frequently developing crops of hospital furuncles on their hands and arms, others

with constantly recurring sore throat, others with inflamed wounds and lymphatics from *post-mortem* abrasions, while at the same time and under precisely the same conditions, there will be men who, year after year, remain free from all such troubles. Susceptibility of one class of individuals to certain poisonous influences, or insusceptibility of the other must be the explanation. There is nothing more strange in it than in that of many of the well known "idiosyncrasies;" for example, the poisonous effects of eggs and tobacco on certain persons.

"Idiosyncrasy," towards venereal diseases, is evident in the following cases. First in illustration of insusceptibility.

Case 13.—A man-about-town, forty years of age, whom I was attending for a condition not venereal, gave me the following experience. He had been in the regular habit for more than twenty years of visiting prostitutes, of all classes in an utterly reckless manner, and in most of the towns of the United Kingdom and the Continent. He has never had any venereal disease. On one occasion a friend and he visited a woman on the same evening; his friend had a sharp attack of gonorrhœa four days afterwards. On another occasion a friend and he slept with a woman on succeeding nights; his friend had chancre and secondaries, and there was no possibility of his having been elsewhere infected.

Case 14.—In April, 1885, at the request of a public official, I saw, in consultation with her medical attandant, "a quiet prostitute," with double inguinal buboes complicating a purulent vaginal discharge, to all appearances gonorrhœal. My client had slept with her on several occasions since her discharge began and had contracted nothing.

In illustration of "susceptibility," the more common peculiarity, I would quote the following.

Case 15.—Two young men visited the same woman on alternate nights, one contracted a urethritis, the other remained well. "Susceptibility" is the explanation here, I think, because this man assured me that during ten years he had paid five

visits only to gay women. At his "maiden" effort he took a hard sore, and since then he had succeeded in securing a couple of gonorrhœas.

Case 16.—About a year ago I first saw a robust healthy man, 20 years of age, with a slight urethral discharge coming on seven days after connection. The woman who furnished the infective agent was well known to him, and he expressed himself as believing that nothing was the matter with her. Other friends of his had visited her and had kept all right. He was completely cured in four or five weeks. Four months later I again saw him with furuncular abscess over the left buttock, and a large tender inguinal gland attributed to horse-riding. In April last I saw him with another urethral discharge which came on two days after connection with a woman whose cleanliness he could vouch for, and three days later he had three or four small, clean-cut, yellow penile ulcers, which would pass muster as soft sores. About three weeks later—his discharge and sores being quite well—he had a large boil on the top of his thigh, which was cured in a fortnight. In July last I again saw him for urethral discharge following five days after exposure. I saw also two friends of my patient, one of whom had visited the woman the night before, and the other the night after, and had contracted nothing. Still being dissatisfied with the girl's freedom from disease, next day he brought her to me, and after the most careful examination I failed to find any evidence of the slightest discharge. She told me that two years ago she was confined, and got about too soon afterwards; that within a few weeks afterwards, after dancing she was taken with pain and flooding, and was confined to bed for several months; that she then had "ulcerated womb," and that her menstruation was very painful, prolonged, and frequent ever since.

This case illustrates a susceptibility of a very striking kind, and it also gives us an illustration of a class of persons whom I regard as "suppuraters." These people, apparently of robust health and iron constitutions, frequently have boils; when their lympathic glands inflame, and they often do, the process

more often terminates in suppuration than resolution; trivial wounds in such people do not dry up at once, they heal by granulation. I believe these "suppuraters" contract venereal diseases where ordinary mortals escape them. Case 5, I regard as belonging to this class. I have been struck by the frequency with which gout, either in the individual or his ancestors, has occurred in cases of spurious venereal disease. Many of the cases quoted above evinced the gouty element. I could give details of many other cases of susceptibility occurring in my practice, but I hope I have said quite enough upon this part of the subject.

I would summarise the conclusions expressed in my paper thus:—

1. That a large number of urethral discharges in the male, although sexual in their origin, are not specific.

2. That many penile sores of sexual origin, are neither chancres nor chancroids.

3. That idiosyncrasy plays an important part in the contraction of venereal diseases of all kinds.

Printed by Hall and English, High Street, Birmingham.